

## STANDARD CERTIFICATE OF DEATH

State File No. **32480**

LED SEP 17 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **277**

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia, Mo.</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>36th &amp; Washington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>AUGUSTUS</b> c. (Last) <b>IUCHS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 3, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 14, 1905</b>
9. AGE (In years last birthday) <b>46</b>	10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	11. BIRTHPLACE (State or foreign country) <b>Sedalia, Missouri</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Wholesaler</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Plumbing supply</b>	
13a. FATHER'S NAME <b>Augustus Henry Iuchs</b>		13b. MOTHER'S MAIDEN NAME <b>Hattie C. Kuhn</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Ellen Iuchs</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>?</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ellen Iuchs, Sedalia, Mo.</b>		ADDRESS <b>Sedalia, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>General Septicemia.</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) <b>Ruptured Gangrenous Appendix.</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death. Acute Suppression of Urine. Uremia.</b>	
19a. DATE OF OPERATION <b>Aug. 24th, 1952</b>		19b. MAJOR FINDINGS OF OPERATION <b>Appendectomy.</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <b>Today.</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None.</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None.</b>		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <b>Aug. 24th</b> , 1952, to <b>Sept. 3rd</b> , 1952, that I last saw the deceased alive on <b>Sept. 3rd, 1952</b> , and that death occurred at <b>7:15 PM</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>Jno. B. Carlisle, M.D.</b>		23b. ADDRESS <b>Sedalia, Missouri.</b>	
23c. DATE SIGNED <b>9-5-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 4, 1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo.</b>	
DATE REC'D BY LOCAL REG <b>9/4-1952</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Sedalia, MO</b>	

(Licensed Embalmer's Statement on Reverse Side)

GILLESPIE FUNERAL HOME

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 25 1956

OCT 18 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_  
\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_ 4804

P. O. Address \_\_\_\_\_ Scandia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.